

HB5063



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB5063

by Rep. Angelo Saviano

SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5

Amends the Medical Practice Act of 1987. Provides that a physician may enter into a collaborative agreement with no more than 4 advanced practice nurses at any one period of time. Effective January 1, 2009.

LRB095 15942 RAS 41951 b

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Medical Practice Act of 1987 is amended by
5 changing Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on December 31, 2008)

8 Sec. 54.5. Physician delegation of authority.

9 (a) Physicians licensed to practice medicine in all its
10 branches may delegate care and treatment responsibilities to a
11 physician assistant under guidelines in accordance with the
12 requirements of the Physician Assistant Practice Act of 1987. A
13 physician licensed to practice medicine in all its branches may
14 enter into supervising physician agreements with no more than 2
15 physician assistants.

16 (b) A physician licensed to practice medicine in all its
17 branches in active clinical practice may collaborate with an
18 advanced practice nurse in accordance with the requirements of
19 the Nurse Practice Act. Collaboration is for the purpose of
20 providing medical consultation, and no employment relationship
21 is required. A written collaborative agreement shall conform to
22 the requirements of Section 65-35 of the Nurse Practice Act.
23 The written collaborative agreement shall be for services the

1 collaborating physician generally provides to his or her
2 patients in the normal course of clinical medical practice. A
3 written collaborative agreement shall be adequate with respect
4 to collaboration with advanced practice nurses if all of the
5 following apply:

6 (1) The agreement is written to promote the exercise of
7 professional judgment by the advanced practice nurse
8 commensurate with his or her education and experience. The
9 agreement need not describe the exact steps that an
10 advanced practice nurse must take with respect to each
11 specific condition, disease, or symptom, but must specify
12 those procedures that require a physician's presence as the
13 procedures are being performed.

14 (2) Practice guidelines and orders are developed and
15 approved jointly by the advanced practice nurse and
16 collaborating physician, as needed, based on the practice
17 of the practitioners. Such guidelines and orders and the
18 patient services provided thereunder are periodically
19 reviewed by the collaborating physician.

20 (3) The advance practice nurse provides services the
21 collaborating physician generally provides to his or her
22 patients in the normal course of clinical practice, except
23 as set forth in subsection (b-5) of this Section. With
24 respect to labor and delivery, the collaborating physician
25 must provide delivery services in order to participate with
26 a certified nurse midwife.

1 (4) The collaborating physician and advanced practice
2 nurse meet in person at least once a month to provide
3 collaboration and consultation.

4 (5) Methods of communication are available with the
5 collaborating physician in person or through
6 telecommunications for consultation, collaboration, and
7 referral as needed to address patient care needs.

8 (6) The agreement contains provisions detailing notice
9 for termination or change of status involving a written
10 collaborative agreement, except when such notice is given
11 for just cause.

12 A physician licensed to practice medicine in all its
13 branches may enter into a collaborative agreement as set forth
14 in this subsection (b) with no more than 4 advanced practice
15 nurses at any one period of time.

16 (b-5) An anesthesiologist or physician licensed to
17 practice medicine in all its branches may collaborate with a
18 certified registered nurse anesthetist in accordance with
19 Section 65-35 of the Nurse Practice Act for the provision of
20 anesthesia services. With respect to the provision of
21 anesthesia services, the collaborating anesthesiologist or
22 physician shall have training and experience in the delivery of
23 anesthesia services consistent with Department rules.
24 Collaboration shall be adequate if:

25 (1) an anesthesiologist or a physician participates in
26 the joint formulation and joint approval of orders or

1 guidelines and periodically reviews such orders and the
2 services provided patients under such orders; and

3 (2) for anesthesia services, the anesthesiologist or
4 physician participates through discussion of and agreement
5 with the anesthesia plan and is physically present and
6 available on the premises during the delivery of anesthesia
7 services for diagnosis, consultation, and treatment of
8 emergency medical conditions. Anesthesia services in a
9 hospital shall be conducted in accordance with Section 10.7
10 of the Hospital Licensing Act and in an ambulatory surgical
11 treatment center in accordance with Section 6.5 of the
12 Ambulatory Surgical Treatment Center Act.

13 (b-10) The anesthesiologist or operating physician must
14 agree with the anesthesia plan prior to the delivery of
15 services.

16 (c) The supervising physician shall have access to the
17 medical records of all patients attended by a physician
18 assistant. The collaborating physician shall have access to the
19 medical records of all patients attended to by an advanced
20 practice nurse.

21 (d) Nothing in this Act shall be construed to limit the
22 delegation of tasks or duties by a physician licensed to
23 practice medicine in all its branches to a licensed practical
24 nurse, a registered professional nurse, or other persons.

25 (e) A physician shall not be liable for the acts or
26 omissions of a physician assistant or advanced practice nurse

1 solely on the basis of having signed a supervision agreement or
2 guidelines or a collaborative agreement, an order, a standing
3 medical order, a standing delegation order, or other order or
4 guideline authorizing a physician assistant or advanced
5 practice nurse to perform acts, unless the physician has reason
6 to believe the physician assistant or advanced practice nurse
7 lacked the competency to perform the act or acts or commits
8 willful and wanton misconduct.

9 (Source: P.A. 95-639, eff. 10-5-07.)

10 Section 99. Effective date. This Act takes effect January
11 1, 2009.